WINDCREST POLICE DEPARTMENT

HOUSE CHECK WORKSHEET

| HC# | | | ADDRESS: | • | | | | | | | DL, | /IU#: | | | SIAIE: | |
|---|--------------------------------|--------------|-----------|----------|-----------|--------|--------------|---------|-----------|---------------------|--------|-----------|----------------|-------|--------|--|
| RESIDENT'S NAME: | | | | | | | PHONE#: | | | | | ALT PHON | NE#: | ļ | | |
| | | | | | | | | | | | | | | | | |
| DEPARTURE DATE: TIME: | | | | | | | RETURN DATE: | | | | | | TIME: | | | |
| | | | | | | | | | | | | | | | | |
| CONTACT PER | CONTACT PERSON'S PHONE NUMBER: | | | | | | | | | | | | | | | |
| CONTACT FEI | | CONTA | CIFEN | 3014 3 | THORE NO | WIDEN. | | | | | | | | | | |
| DO THEY HAVE KEYES CONTACT PERSON'S ADDRESS: | | | | | | | | | C | ONTAC | T PERS | ON'S VEHI | CLE DESCRIPTIO | N: | | |
| DO THEY HAVE KEYS? CONTACT PERSON'S ADDRESS: | | | | | | | | | | | | | | | | |
| | <u> </u> | | | | | | | | | | | | | | | |
| OTHERS CHI PERSON/BUS | ECKING ON (| OR WOR | KING ON T | HE HOU | ISE: | | | VEHICLE | DESCRI | PTION: | | | | | | |
| PERSON/BUSINESS NAME: VEHICLE DESCRIPTION: | | | | | | | | | | | | | | | | |
| PERSON/BUSINESS NAME: VEI | | | | | | | | | | EHICLE DESCRIPTION: | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| ANY VEHICL | ES LEFT IN T | HE DRIV | EWAY? | ICENSE P | LATE#: | | | VEHICLE | DESCRI | PTION: | | | | | | |
| | □ NO | | | | | | | | | | | | | | | |
| ANY LIGHTS | LEFT ON? | | | | | | RE?: | 1 | | | | | | | | |
| □ YES | □ NO | | DNSTANTL | _Y □ | TIMERS | | | | | | | | | | | |
| ANY PETS LEFT AT HOME? TYPE OF PET: | | | | | | | | | | | | | | | | |
| □ YES □ NO □ INSIDE □ BACKYARD | | | | | | | | | | | | | | | | |
| DO YOU HA | | M? ALA | ARM COMP | ANY: | | | | | AL | ARM C | OMPAI | NY PHONE# | : | | | |
| □ YES | | | | | 1 VOLUB E | NACOCI | FNCV DUO | MIF# | | | | | | | | |
| DO WANT CONTACT IN CASE OF AN EMERGENCY? YOUR EMERGENCY PHONE#: YES NO NEWSCRAPER. S | | | | | | | | | | TOPPED | PICK | ED-UP | | | | |
| ADDITIONAL INFO: | | | | | | | | | | | | TOPPED | PICK | ED-UP | | |
| ADDITIONAL INFO: | | | | | | | | | | | | | | | | |
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| DATE | TIME | CONDITION OF | | | | | | | RESIDENCE | | | | | ВА | DGE# | |
| | | | | | | | | | | | | | INITIALS | | | |
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